

Procedure Code	Procedure Description	Upper Limit
----------------	-----------------------	-------------

HOME SERVICES

New Patient

99341	Home Visit - Limited	33.00
99342	Home Visit - Intermediate	36.50
99343	Home Visit - Comprehensive	41.50

Established Patient

99351	Home Visit - Limited	16.00
99352	Home Visit - Intermediate	30.00
99353	Home Visit - Comprehensive	34.50

PROLONGED SERVICES

99354	Prolonged Physician Service, 1st hour	By Report
99355	Prolonged Physician Services, each additional 1/2 hour	By Report
99358	Prolonged Eval & Management, 1st hour	By Report
99359	Prolonged Eval & Management, each additional 1/2 hour	By Report

PREVENTIVE MEDICINE - NEW PATIENT

Initial evaluation and management of a healthy individual requiring a comprehensive history and examination, identification of risk factors and the ordering of appropriate lab/diag. proc.

99381	Infant (age under 1 year)	37.00
99382	Early Childhood (age 1 through 4 years)	37.00
99383	Late Childhood (age 5 through 11 years)	37.00
99384	Adolescent (age 12 through 17 years)	37.00

TN No. 98-1
Supersedes
TN No. 96-9

Approval Date: 11/2/77 Effective Date: 7/1/77

Procedure Code	Procedure Description	Upper Limit
-------------------	--------------------------	----------------

PREVENTIVE MEDICINE - ESTABLISHED PATIENT

Periodic reevaluation and management of a healthy individual requiring a comprehensive history and examination, identification of risk factors and the ordering of appropriate lab/diag. proc.

99391	Infant (age under 1 year)	32.00
99392	Early Childhood (age 1 through 4 years)	32.00
99393	Late Childhood (age 5 through 11 years)	32.00
99394	Adolescent (age 12 through 17 years)	32.00

Counseling or Risk Factor Reduction Intervention

Preventive Medicine - Individual Counseling

99401	Preventive Health Counseling - 15 min	Not covered
99402	Preventive Health Counseling - 30 min	Not covered
99403	Preventive Health Counseling - 45 min	Not covered
99404	Preventive Health Counseling - 60 min	Not covered

Counseling or Risk Factor Reduction Intervention Continued

Preventive Medicine - Group Counseling

99411	Preventive Health Counseling - 30 min	Not covered
99412	Preventive Health Counseling - 60 min	Not covered

Other Preventive Medicine Services

99420	Health Risk Test	Not covered
99429	Unlisted Preventive Health Service	By report

TN No. 981
Supersedes
TN No. 96-9

Approval Date: 11/18/77 Effective Date: 7/1/77

Procedure Code	Procedure Description	Upper Limit
-------------------	--------------------------	----------------

EPSDT SCREENING CODES

W9075	EPSDT Initial Screen	50.00
W9076	EPSDT Screen - Outpatient Dept.	10.00
W9077	EPSDT Periodic Screen	50.00
W9078	EPSDT Interperiodic/Partial Screen	32.00
W0609	Vision Screen	4.80
92551	Hearing Screen	4.00
99178	Developmental Screen	12.50

IMMUNIZATION INJECTIONS

90700	DTaP *	By Report
90701	DTP - active *	15.70
90702	DT toxoids *	1.72
90703	Tetanus toxoid	2.00
90704	Mumps vaccine, live	By Report
90705	Measles vaccine, live	By Report
90706	Rubella vaccine, live	By Report
90707	MMR vaccine, live *	34.00
90708	Measles and rubella vaccine, live	21.06
90709	Rubella and mumps vaccine, live	22.54
90710	Immunization, active	By Report
90711	Immunization, active	By Report
90712	Poliovirus vaccine, live, oral *	12.65
90713	Poliovirus vaccine, injection *	19.39
90714	Typhoid vaccine	By Report
90716	Immunization, active	By Report
90717	Yellow fever vaccine	By Report
90718	Tetanus Toxoids & Diphtheria *	2.00
90719	Diphtheria toxoid	By Report
90720	DTP & HIB *	29.00
90721	DTaP and HIB	32.00
90724	Influenza virus vaccine	4.00
90725	Cholera vaccine	By Report
90726	Rabies vaccine	60.00
90727	Plague vaccine	By Report

TN No. 98-1Approval Date: 4/15/97 Effective Date: 7/1/97

Supersedes

TN No. 96-9

Procedure Code	Procedure Description	Upper Limit
-------------------	--------------------------	----------------

IMMUNIZATION INJECTIONS CONTINUED

90728	BCG vaccine	By Report
90730	Hepatitis A	By Report
90731	Hepatitis B *	By Report
90732	Pneumococcal vaccine, polyvalent	8.42
90733	Meningococcal polysaccharide vaccine	45.00
90737	Hemophilus influenza B *	19.00
90741	Immune serum globulin, human	3.82
90742	Specific hyperimmune serum globulin	By Report
90744	Immunization, active, hep B vaccine; Newborn to 11 years	By Report
90745	Immunization, active, hep B vaccine; 11 to 19 years	60.00
90749	Unlisted immunization procedure	By Report
Y8091	Hepatitis B, pediatric dose *	37.00

* Vaccines marked with * are part of the VFC Program which began at the end of January 1995 in Maryland. Therefore, beginning October 1995, Maryland only paid an administration fee of \$10 per dose for these vaccines. Providers will continue to receive acquisition costs for vaccines not covered by VFC Program.

NEWBORN CARE

99431	Initial Care Newborn Hospital	25.00
99432	Initial Care Newborn Office	25.00
99433	Newborn Daily Hospital Visit	20.00

TN No. 98-1
Supersedes
TN No. 96-9

Approval Date: 11/18/97 Effective Date: 7/1/97

2. As of July 1, 1996, obstetricians, family practitioners, and certified nurse midwives are reimbursed the lower of their customary fee or the Program's maximum fee indicated below:

Procedure Code	Procedure Description	Upper Limit
----------------	-----------------------	-------------

MATERNITY CARE AND DELIVERY

INCISION

59000	Amniocentesis, any method	\$31.00
59012	Cordocentesis (intrauterine)	35.00
59015	Chorionic villus sampling	31.00
59020	Fetal contraction stress test	21.00
59025	Fetal non-stress test	18.00
59030	Fetal scalp blood sampling	21.00
59050	Initiation and/or supervision of internal fetal monitoring during labor by Cons.w/rep.	24.00
59051	Fetal monitoring, interpretation	21.00

EXCISION

59100	Hysterotomy, abdominal	294.00
59120	Surgical treatment of ectopic pregnancy	294.00
59121	tubal or ovarian, w/o salpingectomy	265.00
59130	abdominal pregnancy	265.00
59135	interstitial, total hysterectomy	356.00
59136	interstitial w/ partial resection	356.00
59140	cervical, w/ evacuation	265.00
59150	Laparoscopic trtmnt of ectopic preg.	295.00
59151	with salpionectomy and/or oophorectomy	295.00
59160	Curettage, postpartum (sep. proc.)	74.00
59200	Insertion of cervical dilator	17.00

TN No. 98-1 Approval Date: 11/8/97 Effective Date: 7/1/97
Supersedes
TN No. 96-9

Procedure Code	Procedure Description	Upper Limit
----------------	-----------------------	-------------

REPAIR

59300	Episiotomy or vag. repair, by other than attending physician	42.00
59320	Cerclage of cervix, during pregnancy	123.00
59325	abdominal	123.00
59350	Hysterorrhaphy of ruptured uterus	294.00

DELIVERY, ANTEPARTUM AND POSTPARTUM CARE

59400	Global OB Care, Vaginal delivery	Not Used
59409	Vaginal delivery only	\$860.00
59410	Vaginal delivery only, inc. ppc	895.00
59412	Turning of fetal position	50.00
59414	Deliver placenta only	42.32
59425	Antepartum care only; 4-6 visits	32.00
59426	Antepartum care only; 7 or more visits	32.00
59430	Postpartum care only	32.00

Most providers in Maryland bill for antepartum care using the appropriate office medical visit code and a V22 or V23 diagnosis.

CESAREAN DELIVERY/ VBAC

59510	Global Cesarean Care	Not Used
59514	Cesarean delivery only	916.00
59515	Cesarean delivery only inc. ppc	948.00
59525	Subtotal or total hysterectomy after c-sec	178.00
59610	Global V-BAC care	Not Used
59612	Vaginal delivery after cesarean only	860.00
59614	Vag. del. after cesarean, inc. postpartum	895.00
59618	Global cesarean delivery after attempted vaginal delivery after VBAC	By Report
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean	916.00
59622	Above, including postpartum care	948.00

TN No. 98-1
Supersedes
TN No. 96-9

Approval Date: 11/18/97 Effective Date: 7/1/97

Procedure Code	Procedure Description	Upper Limit
-------------------	--------------------------	----------------

ABORTION

59812	Treatment of spontaneous abortion	118.00
59820	Treatment of missed abortion	125.00
59821	second trimester	125.00
59830	Treatment of septic abortion	118.00
59840	Induced abortion, by dilation and curettage	131.00
59841	Induced abortion, by dilation and evacuation	131.00
59850	Induced abortion, by one or more intra-amniotic injections	177.00
59851	Induced abortion, with dilation and curettage and/or evacuation	206.00
59852	Induced abortion, with hysterotomy (failed intra-amniotic injection)	294.00
59855	Induced abortion w/ vaginal suppositories	177.00
59856	Induced abortion w/ D&C	206.00
59857	Induced abortion w/ hysterotomy	294.00

OTHER PROCEDURES

59870	Uterine D&C for hydratidiform mole	\$131.00
59899	Unlisted procedure, maternity care	By Report

TN No. 98-1
 Supersedes
 TN No. 96-9

Approval Date: 11/18/97 Effective Date: 7/1/97

Reimbursement: Obstetrical and Pediatric Services

1. Between July 1, 1995 and June 30, 1996, pediatricians, family practitioners, and certified nurse practitioners were reimbursed the lower of their customary fee or the Programs's upper payment limit:

Procedure Code	Procedure Description	Average Fees
-------------------	--------------------------	-----------------

OFFICE AND OTHER OUTPATIENT MEDICAL SERVICES

New Patient

99201	Office Visit - New Minimal	\$24.88
99202	Office Visit - New Moderate	32.99
99203	Office Visit - New Extended	36.98
99204	Office Visit - New Comprehensive	47.92
99205	Office Visit - New Complicated	49.88

OFFICE AND OTHER OUTPATIENT MEDICAL SERVICES CONTINUED

Established Patient

99211	Office Visit - Established Minimal	9.94
99212	Office Visit - Established Moderate	19.98
99213	Office Visit - Established Extended	30.93
99214	Office Visit - Established Comprehensive	37.84
99215	Office Visit - Established Complicated	43.45

Office or Other Outpatient Consultations

99241	Consultation - Office - Limited	32.98
99242	Consultation - Office - Intermediate	36.99
99243	Consultation - Office - Extended	42.98
99244	Consultation - Office - Comprehensive	49.97
99245	Consultation - Office - Complex	49.98

TN No. 98-1

Supersedes

TN No. 96-9Approval Date: 11/15/97 Effective Date: 7/1/97

Procedure Code	Procedure Description	Average Fees
-------------------	--------------------------	-----------------

PREVENTIVE MEDICINE - NEW PATIENT

Initial evaluation and management of a healthy individual requiring a comprehensive history and examination, identification of risk factors and the ordering of appropriate lab/diag. proc.

99381	Infant (age under 1 year)	36.98
99382	Early Childhood (age 1 through 4 years)	36.91
99383	Late Childhood (age 5 through 11 years)	37.00
99384	Adolescent (age 12 through 17 years)	36.83

PREVENTIVE MEDICINE - ESTABLISHED PATIENT

Periodic reevaluation and management of a healthy individual requiring a comprehensive history and examination, identification of risk factors and the ordering of appropriate lab/diag. proc.

99391	Infant (age under 1 year)	31.95
99392	Early Childhood (age 1 through 4 years)	31.96
99393	Late Childhood (age 5 through 11 years)	31.93
99394	Adolescent (age 12 through 17 years)	31.81

EPSDT SCREENING CODES

W9075	EPSDT Initial Screen	49.85
W9076	EPSDT Screen - Outpatient Dept.	10.00
W9077	EPSDT Periodic Screen	49.24
W9078	EPSDT Interperiodic/Partial Screen	31.80
W0609	Vision Screen	4.80
92551	Hearing Screen	4.76
99178	Developmental Screen	12.47

IMMUNIZATION INJECTIONS

90700	DTaP	\$22.86
90701	DTP - active	14.66
90702	DT toxoids	1.72
90707	MMR vaccine, live	28.22

TN No. 98-1 Approval Date: 11/13/97 Effective Date: 7/1/97
 Supersedes
 TN No. 96-9

Procedure Code	Procedure Description	Average Fees
----------------	-----------------------	--------------

IMMUNIZATION INJECTIONS CONTINUED

90712	Poliovirus vaccine, live, oral	11.97
90713	Poliovirus vaccine, injection	16.76
90718	Tetanus Toxoids & Diphtheria	2.00
90720	DTP & HIB	24.82
90731	Hepatitis B	39.03
90737	Hemophilus influenza B	17.99
Y8091	Hepatitis B, pediatric dose	27.80

2. Between July 1, 1994 and June 30, 1995, obstetricians, family practitioners, and certified nurse midwives were reimbursed the lower of their customary fee or the Program's maximum fee indicated below:

DELIVERY, ANTEPARTUM AND POSTPARTUM CARE

59400	Global OB Care, Vaginal delivery	Not Used
59409	Vaginal delivery only	\$856.44
59410	Vaginal delivery only, inc. ppc	890.76
59412	Turning of fetal position	50.00
59414	Deliver placenta only	42.32
59425	Antepartum care only; 4-6 visits	31.75/visit
59426	Antepartum care only; 7 or more visits	31.96/visit
59430	Postpartum care only	31.73

Most providers in Maryland bill for antepartum care using the appropriate office medical visit code and a V22 or V23 diagnosis.

CESAREAN DELIVERY

59510	Global Cesarean Care	Not Used
59514	Cesarean delivery only	892.40
59515	Cesarean delivery only inc. ppc	939.03
59525	Subtotal or total hysterec. after c-sec	178.00

TN No. 98-1
Supersedes
TN No. 96-9

Approval Date: 4/18/97 Effective Date: 7/1/97